AARP | MedicareComplete®
from SecureHorizons

Retiree Benefits Summary Insert

Prepared Exclusively For: **State of Rhode Island**
Group Number 50003 (H4102 801)
Effective January 1, 2010 to December 31, 2010

BENEFITS AND COVERAGE	YOUR COSTS

Insured by: UnitedHealthcare of New England, Inc.

This is a highlight of benefits only and is not all inclusive of the Plan's benefits, services, limitations or exclusions. Please refer to the enclosed Retiree Benefits Summary booklet and your Evidence of Coverage for additional details. Keep this Retiree Benefits Summary Insert, together with your Retiree Benefits Summary, handy for your reference.

For general questions prior to enrollment call 1-888-422-6000, TTY: 711, 8:00 a.m. to 8:00 p.m. local time, 7 days a week.

Members call Customer Service at the phone number listed on the back of your Member ID card, or on the back cover of the Retiree Benefits Summary booklet.

Annual Deductible	None
Physician Services	
• Primary Care Physician	$10 copayment per visit
• Specialist	$20 copayment per visit
Emergency Department Services	
• Within the United States	$35 copayment, waived if admitted to the hospital within 24 hours for the same condition
• Outside of the United States	$35 copayment, waived if admitted to the hospital within 24 hours for the same condition.
Urgently Needed Care	
• In-area/in-network provider other than primary care physician	$20 copayment, waived if admitted to the hospital within 24 hours for the same condition.
• In-area/non-network provider or out-of-area provider	$20 copayment, waived if admitted to the hospital within 24 hours for the same condition

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Ambulance Services	$50 copayment
Inpatient Hospital Care	$100 copayment per admission for unlimited days* For transplant services, you pay $400 copayment for Professional fees and other transplant related health services provided in a designated transplant facility.
Inpatient Mental Health Care	$100 copayment for each Medicare-covered hospital stay, 190 day lifetime maximum
Skilled Nursing Facility Care	$0 copayment per day, days 1-100 up to 100 days per benefit period**, three-day prior hospital stay is not required.
Home Health Agency Care • Home Care Visits	$0 copayment per visit
Outpatient Mental Health Care	$20 copayment per individual visit $10 copayment per group visit.
Partial Hospitalization Psychiatric Program	$40 copayment per day
Outpatient Substance Abuse Services	$20 copayment per individual visit $10 copayment per group visit.
Outpatient Hospital Services (includes observation, medical and surgical care)	$0 copayment per surgery

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Medicare-covered Outpatient Rehabilitation Services	
• Comprehensive Outpatient Rehabilitation (CORF)	$0 copayment per visit
• Cardiac and Pulmonary Rehabilitation	$0 copayment per visit
• Occupational Therapy, Physical Therapy and Speech and Language Pathology Services	$0 copayment per visit
Durable Medical Equipment (DME), Prosthetics, Orthotics (Corrective Appliances), Infusion Equipment and Supplies used in conjunction with the above	$0 copayment for each Medicare-covered item
Diabetes Self Management Training	$0 copayment for Medicare-covered diabetes self-management training
Diabetes Monitoring Supplies	$0 copayment per item or up to a 30-day supply
Medical Nutrition Therapy	$0 copayment
Imaging Procedures, X-rays and Portable X-rays Used in the Home	
• Medicare-covered Standard X-rays	$0 copayment
• Complex Radiology Services and Imaging Procedures	$0 copayment
• Diagnostic Procedure/Test (non-radiological) Pulmonary and Cardiac Diagnostic Testing	$0 copayment
Laboratory Services	$0 copayment

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Radiation Therapy	$0 copayment per visit
Medical Supplies	$0 copayment per item
Blood and Its Administration	$0 copayment
Kidney Dialysis	20% coinsurance at a network facility or at a Medicare-certified facility within the United States
Bone Mass Measurements	$0 copayment
Colorectal Screening Exams	$0 copayment
Annual Screening Mammograms	$0 copayment
Pap Smears and Pelvic Exams	$0 copayment
Annual Prostate Cancer Screening Exams	$0 copayment
Cardiovascular Disease Testing	$0 copayment
Abdominal Aortic Aneurysm Screening	$0 copayment for a Medicare-covered screening
Medicare-covered Physical Exams	$0 copayment

Please note: Due to new Medicare guidelines, this benefit is amended. The Retiree Benefits Summary booklet should read, "If your coverage for Medicare Part B begins on or after January 1, 2005, you may receive a one-time physical exam within the first **twelve** months of your new Part B coverage."

Immunizations	
• Flu, Pneumococcal Pneumonia, and Hepatitis B Vaccines	$0 copayment

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Medicare Part B-covered Drugs (Immunosuppressives, Oral Chemotherapy Drugs Including Anti-nausea Drugs, Inhalation Solutions)	20% coinsurance
Outpatient Injectable Medications - Self –Administered	Your MA-PD Plan covers these medications under Medicare Part D. The copayments outlined in the **Outpatient Prescription Drugs** section also apply for these medications.
Outpatient Injectable Medications - Administered in a Physician's Office	20% coinsurance
Outpatient Injectable Medications – Home Health	Your MA-PD Plan covers these medications under Medicare Part D. The copayments outlined in the **Outpatient Prescription Drugs** section also apply for these medications.
Hemophilia Clotting Factors - (Self Administered, Administered in a Physician's, Office Home Health)	20% coinsurance
Antigens	20% coinsurance
Chiropractic Services	
• Medicare-covered	$20 copayment per visit
Dental Services	
• Medicare-covered	$20 copayment for each Medicare-covered dental service

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• Preventive (non-Medicare covered)	$0 copayment for Oral exam, cleanings and bite wing X-ray once every 6 months. Out of Network benefit covers 60% of eligible expenses. Up to a $500 allowance per calendar year for in and out of network benefits.
Foot Care	
• Medicare-covered	$10 copayment per each Medicare-covered visit with your **primary care physician.** $20 copayment per each Medicare-covered visit with a **specialist** or other health care professionals.
• Routine (non-Medicare covered)	$20 copayment per visit/limit of 6 visits per year
Hearing Services	
• Medicare-covered diagnostic hearing exam	$0 copayment per visit
• Routine hearing tests for hearing aids (non-Medicare covered)	$0 copayment for routine hearing tests, up to 1 test every 12 months
• Hearing Aids	Up to $500 hearing aid allowance every 36 months
Vision Services **Eye care – medical need**	
• Medicare-covered eye exam	$10 copayment for each Medicare-covered vision service with your **primary care physician.** $20 copayment for each Medicare-covered vision service with a **specialist** or other health care professional.
• Medicare-covered eyewear	Up to a $75 allowance for one pair of Medicare-Covered eyeglasses or contact lenses after cataract surgery

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Routine Vision Services (non-Medicare covered)	
• Routine eye exam (refraction)	$20 copayment for each refractive eye exam, limited to 1 exam every 12 months.
• Routine eyewear or contact lenses	Up to $70 eyewear allowance every 12 months, or $105 contact lens allowance in lieu of eyewear allowance every 12 months
Annual Routine Physical Examination (non-Medicare covered)	Medicare initial preventive physical exam covered in full, $0 copayment for annual routine physical examination
SilverSneakers® Fitness Program	You pay a $0 monthly membership fee for a Fitness Program through Contracted fitness centers. There is no visit or use fee when you use Contracted service providers. Call us to find a program near you. (All fitness programs may not be available in all areas. We may offer other fitness programs in your area.)
Optum® NurseLine	You pay $0 for calls to the NurseLine, available 24 hours a day, every day to help you with health and medical questions or to find quality providers or assist you in scheduling appointments. Simply call 1-877-365-7949, or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for the phone number above 1-877-365-7949.
Wellness Advising	You pay $0 for this program designed to help you address certain particular conditions (for example weight management or fall risk issues) associated with defined medical conditions or criteria. The program provides you with access to advisors who assist you in making lifestyle behavior changes, as well as understanding risk factors associated with your

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	health issues. The advisors provide you either printed materials or telephonic support to achieve your goal.
Treatment Decision Support	You pay $0 for calls to the NurseLine to help you make effective treatment decisions, find a quality doctor, schedule appointments, work more effectively with your doctor, find a resource for a second opinion or answer questions about a number of medical conditions and treatment options (back pain, knee or hip replacements, benign prostate problems, prostate cancer, breast cancer, benign uterine conditions (fibroids, endometriosis, uterine bleeding), coronary disease, obesity (bariatric surgery)). Simply call 1-866-247-8292, Monday through Friday, 9:00am to 7:00pm (Central Time) or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for 1-866-247-8292.
Access Support	You pay $0 for calls to the NurseLine to help you find a quality doctor and schedule appointments. Simply call 1-877-365-7949, Monday through Friday, 9:00am to 7:00pm (Central Time) or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for 1-877-365-7949.
Out-of-Pocket Maximum (annual)	$400
Out-of-Pocket Maximum Applies to the following services:	Emergency Department Services Urgently Needed Care Ambulance Services Inpatient Hospital Care Inpatient Mental Health Skilled Nursing Facility (SNF) Home Health Services Partial Hospitalization

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	Comprehensive Outpatient Rehabilitation Facility (CORF)
	Cardiac and Pulmonary Rehabilitation
	Occupational Therapy Services
	Physical Therapy and Speech Pathology Services
	Durable Medical Equipment (including DME purchased in a pharmacy)
	Diabetes Self-Management Training
	Diabetes Monitoring Supplies
	Medical Nutrition Therapy
	Laboratory Services
	Diagnostic Procedures
	Outpatient X-ray Services
	Therapeutic and Diagnostic Radiology
	Medical Supplies
	Blood and Its Administration
	Kidney Dialysis
	Bone Mass Measurement
	Colorectal Screening Exams
	Annual Screening Mammograms
	Pap Smears and Pelvic Exams
	Annual Prostate Cancer Screening
	Medicare-covered Physical Exam
	Annual Routine Physical Exam
	Immunizations
	Medicare Part B Drugs (including drugs purchased in a pharmacy)
	Medicare-covered Eye exam (includes glaucoma)

*Inpatient Hospital Copayments are charged on a per admission or daily basis. **Original Medicare hospital benefit periods do not apply.** For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary and authorized by UnitedHealthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.

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**A benefit period begins the first day of a Medicare-covered inpatient hospital or Skilled Nursing Facility (SNF) stay and ends with the close of a period of 60 consecutive days during which you were neither an inpatient of a hospital nor a SNF. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the skilled nursing facility care copayment, if applicable, for each benefit period. There is no limit to the number of benefit periods you can have.

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AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

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Outpatient Prescription Drugs	Your Medicare Advantage plan includes a Medicare-approved Part D drug benefit. You automatically receive Medicare Part D prescription drug coverage as a part of your benefit plan. **$0 – $2,830 Covered Drug Costs** **Retail:** You pay a **$3 copayment** Tier 1 preferred generic drug copayment **$28 copayment** Tier 2 preferred brand name drug copayment **$58 copayment** Tier 3 non-preferred drug copayment **25% coinsurance** for Tier 4 specialty drugs per Prescription Unit or up to a 31-day supply **Mail Service:** You pay a **$6 copayment** Tier 1 preferred generic drug copayment **$56 copayment** Tier 2 preferred brand name drug copayment **$116 copayment** Tier 3 non-preferred drug copayment **25% coinsurance** for Tier 4 specialty drugs up to a 90-day supply through our network Mail Service Pharmacy **After your Covered Drug Costs reach $2,830 in a calendar year** You are responsible for paying 100% of the cost of Covered Drugs, until your out-of-pocket costs reach $4,550 in a calendar year. **After your yearly Out-of-Pocket Costs reach $4,550** You pay the greater of $2.50 for generic or a preferred brand drug that is a multi-source drug, and $6.30 for all other drugs, or 5% coinsurance once your total out-of-pocket costs reach $4,550. **Formulary 1 applies for both retail and mail service prescriptions.**

BENEFITS AND COVERAGE	YOUR COSTS

Excluded Drugs

This section talks about drugs that are "excluded," meaning they aren't normally covered by a Medicare Prescription Drug Plan. If you get drugs that are excluded, you must pay for them yourself. We won't pay for the exclusions that are listed in this section, and neither will the Original Medicare Plan, unless they are found upon appeal to be drugs that we should have paid or covered.

- A Medicare Prescription Drug Plan can't cover a drug that would be covered under Medicare Part A or Part B.
- A Medicare Prescription Drug Plan can't cover a drug purchased outside the United States and its territories.
- A Medicare Prescription Drug Plan can cover off-label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug only in cases where the use is supported by certain reference-book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted. (These reference books are: American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and USPDI or its successor.) If the use is not supported by one of these reference books, known as compendia, then the drug is considered a non-Part D drug and cannot be covered by our Plan.

By law, certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

1. Non-prescription drugs (or over-the counter drugs)
2. Drugs when used to promote fertility.
3. Drugs when used for the symptomatic relief of cough or colds.
4. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
5. Drugs, such as Viagra, Cialis, Levitra and Caverject when used for the treatment of sexual or erectile dysfunction.
6. Drugs when used for treatment of anorexia, weight loss, or weight gain.
7. Drugs when used for cosmetic purposes or to promote hair growth.

8. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.

9. Barbiturates and Benzodiazepines.

Your Plan Sponsor may have elected to offer any combination of the above "non-Part D drugs" to you as an additional benefit. If so, you will receive information about the additional "non-Part D drugs" your Plan Sponsor has chosen to offer to you in your Plan materials.

Members enrolled in a MA-PD Plan may not enroll in any other Medicare Part D prescription drug plan (including an individual or group Prescription Drug Plan (PDP). If you are enrolling or are enrolled in any other Medicare Part D prescription drug plan (including an individual or group Prescription Drug Plan (PDP), you will be disenrolled from this MA-PD benefit plan.